

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580448

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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3			/			
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5		1		/		
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←	17	←		←	
TOTAL CLAIMS		24				
		31				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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